

Complete if Known

☒ Applicant claims small entity status. See 37 CFR 1.27

METHOD OF PAYMENT (check all that apply)

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

2. EXCESS CLAIM FEES

HP = highest number of total claims paid for, if greater than 20.

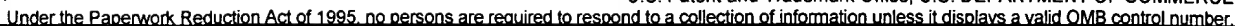
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

4. OTHER FEE(S)

SUBMITTED BY

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Attorney Docket No.: 04504/100M693-US2

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Signature

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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Petition for Extension of Time (1 page)
Request for Continued Examination (1 page)
Amendment Transmittal (1 page)
Amendment in Response to Final Office Action (9 pages)
Fee Transmittal for FY 2006
Check # 11892, \$905.00
Express Mail Certificate (1 page)